

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AD FILED		AFFIDAVIT ALZHOUMT		AFFIDAVIT ALZHOUMT						
	CID	DEP	CID	DEP	CID	DEP				CID	DEP
1							91				
2							92				
3		14					93				
4		12					94				
5		3					95				
6		0					96				
7		0					97				
8		0					98				
9		0					99				
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48											
49											
50											
TOTAL IND.	20						TOTAL IND.				
TOTAL DEP.	46						TOTAL DEP.				
TOTAL CLAIMS	66						TOTAL CLAIMS				